

NOTICE OF INDEPENDENT REVIEW DECISION

June 4, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0654-01

IRO Certificate #: 4326

____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ____ physician reviewer who is board certified in neurosurgery which is the same specialty as the treating physician. The ____ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 49 year old female sustained a work related low back injury on _____. The patient underwent a lumbar spinal fusion at the L5/S1 level on 12/12/99. The patient continued to complain of severe low back pain and was treated with oral steroids, physical therapy and non-steroidal anti-inflammatory medications. On 04/15/02 the patient underwent removal of lumbar hardware and removal of a bone growth stimulator battery. The patient continues to complain of severe back pain and a discogram has been recommended.

Requested Service(s)

Lumbar Discogram

Decision

It is determined that the lumbar discogram is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The surgeon reviewed a post-operative MRI and determined that the probable cause of the patient's continued symptoms involves a problem at spinal level L4/5. Lumbar discography is a reasonable modality for a further evaluation of the patient and should be an integral part of this patient's treatment plan.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

cc: David Martinez, Chief Medical Dispute Resolution, Medical Review Division, TWCC

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this _____ day of _____ 2002.

Signature of IRO Employee:

Printed Name of IRO Employee: